

Martha G. Bronitsky  
Chapter 13 Standing Trustee  
24301 Southland Dr #200  
Hayward, CA 94545-1541  
(510) 266- 5580

Trustee for Debtor(s)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND DIVISION

In re

David Wayne Trimble  
Mary Lynn Trimble

Chapter 13 Case No. 08-44739-RLE 13

**OBJECTION TO CLAIM #32 AND  
NOTICE THEREOF WITH  
CERTIFICATE OF SERVICE**

debtor(s)

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**OBJECTION TO CLAIM**

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I, Martha G. Bronitsky, Chapter 13 Standing Trustee, hereby object to the claim of:

North Shore Resort Reality Inc  
Attn: Managing Agent  
Po Box 1529  
Kings Beach, CA 96143  
(Creditor)

for any amount because claim number 32 is a duplicate of claim number 19 filed on December 02,  
2008.

**NOTICE**

NOTICE IS HEREBY GIVEN

(i) That local rule 9014-1 of the United States Bankruptcy Court for the Northern District of  
California prescribes the procedures to be followed and that any objection to the requested relief,  
or a request for hearing on the matter must be filed and served upon initiating party within 21 days  
of mailing of the notice;

(ii) That a request for a hearing or objection must be accompanied by any declarations or  
memoranda of law the party objecting or requesting wishes to present in support of its position,

(iii) That if there is not a timely objection to the requested relief or a request for hearing, the court  
may enter an order granting the relief by default; and

1 (iv) Either: (a) That the initiating party will give at least 10 days written notice of hearing to the  
2 objecting or requesting party, and to any trustee or committee appointed in the case, in the event  
3 any objection or request for hearing is timely made; or (b) The tentative hearing date.  
4

5 /s/ Martha G. Bronitsky

6 Signature of Martha G. Bronitsky  
7 Chapter 13 Standing Trustee

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8 CERTIFICATE OF SERVICE

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9 I HEREBY CERTIFY that I have served a copy of this document with attachments by depositing it  
10 in the United States mail with first class postage in a sealed envelope addressed to the  
11 aforementioned claimant, debtor and counsel for debtor.

12 I declare under penalty of perjury under the laws of the State of California that the foregoing is true  
13 and correct.

14 David Wayne Trimble  
15 Mary Lynn Trimble  
16 3354 Hacienda Wy.  
17 Antioch, CA 94509

Patrick L Forte Atty  
1 Kaiser Plaza #480  
Oakland, CA 94612

(Counsel for Debtor)

(Debtor(s))

Also notify:

20 Date: January 06, 2011

21 /s/ RACHEL BAUM  
22 RACHEL BAUM



UNITED STATES BANKRUPTCY COURT Northern District of California		PROOF OF CLAIM
Name of Debtor: David Wayne Trimble Mary Lynn Trimble		Case Number: 08-44739
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): North Shore Resort Reality INC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: North Shore Resort Reality INC P.O. Box 1529 Kings Beach, CA 96143-1529		
Telephone number: 530-546-3324		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: (530) 546-3324		
1. Amount of Claim as of Date Case Filed: \$ 3,251.44  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____).
2. Basis for Claim: Mortgage note - security agreement (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 1079  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ 10,990    Annual Interest Rate: % 16.060%  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ 131.66    Basis for perfection: _____  Amount of Secured Claim: \$ 3251.44    Amount Unsecured: \$ _____		Amount entitled to priority:  \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: 11/24/08	Signatures: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	
FOR COURT USE ONLY		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.